



Presentation to the 2015 Health and Human Services
Joint Appropriation Subcommittee

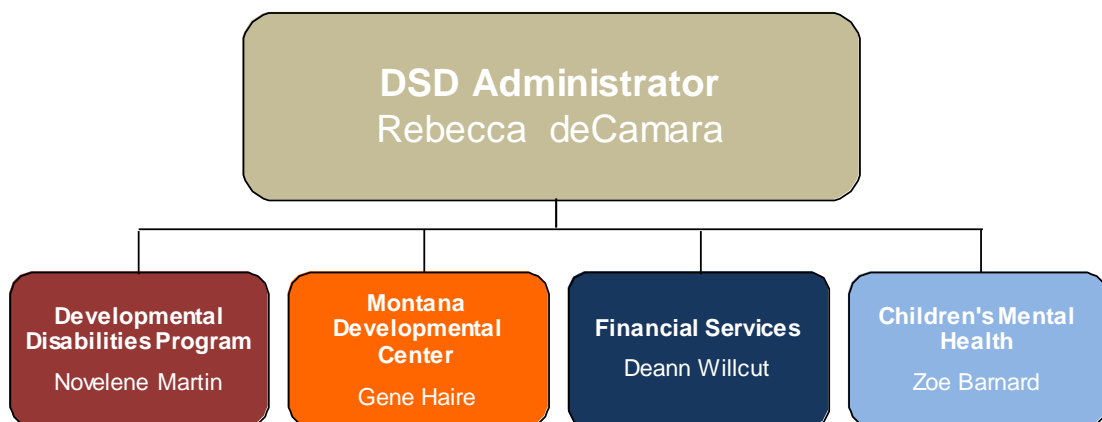
DEVELOPMENTAL SERVICES DIVISION

Medicaid and Health Services Branch
Department of Public Health and Human Services

Reference:

Legislative Fiscal Division Budget Analysis, Volume 4, Page B-70 – Page B-79

Organizational Chart



CONTACT INFORMATION

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OVERVIEW

The role of the Developmental Services Division is to facilitate efficient delivery of effective services to adults and children with developmental disabilities and children with serious emotional disturbances. The division facilitates a wide range of services, all with the underlying goal of assisting Montanans with disabilities in living full lives within their community.

The Division is organized into 3 major programs:

- Developmental Disabilities Program (DDP)
- Children's Mental Health Bureau (CMHB)
- Montana Developmental Center (MDC)

SUMMARY OF MAJOR FUNCTIONS

Developmental Disabilities Program (DDP)

The Developmental Disabilities Program offers developmental disability services for individuals throughout their lifetime. Services are primarily delivered through three Medicaid waivers: the Children's Autism Waiver, the Comprehensive Waiver, and the Community Working and Living Waiver. Additional non-waiver services are offered through Part C Early Intervention Services for infants and toddlers birth to three, Family Education and Supports for youth ages 3-21, and Targeted Case Management for individuals ages 16 and older. The DDP provided services to 5,618 individuals in SFY 2014.

The DDP contracts with private, non-profit entities to provide services to individuals with developmental disabilities. These service programs are located in communities throughout Montana and provide an array of residential and employment opportunities for adults, and family education and support services for children based upon individual preferences, needs, and abilities. An emphasis on human dignity and a conviction that each person is unique and capable of growth are the cornerstone beliefs of Montana's Developmental Disabilities Program. Montana's thrust for providing services to persons with developmental disabilities calls for self-determination and individual participation in life decisions about where to work, play, and live. It also calls for community settings and integration with non-disabled people. These changes in service philosophy are a result of many factors including a recognized concern for the rights of individuals with disabilities, the effectiveness of advocacy groups, and the notable successes of people with developmental disabilities living and working in Montana's communities.

The DDP central office in Helena provides administrative support in the form of federal reporting and compliance, rule writing, and training and technical assistance for providers. Five regional offices located in Helena, Missoula, Great Falls, Billings, and Glasgow provide critical boots on the ground support to service recipients and providers and valuable feedback to the central office regarding gaps and trends at the regional level, a service essential in a state as large as Montana.

Children's Mental Health Bureau (CMHB)

The Children's Mental Health Bureau supports and strengthens Montana youth and families through Medicaid mental health services. The Bureau managed and funded mental health services for over 16,700 youth enrolled in Montana Medicaid in SFY 2014.

The Mission of the Children's Mental Health Bureau is to support and strengthen Montana youth and families through Medicaid mental health services. Our Vision is strong youth functioning in healthy families, living in supportive Montana communities. Our overall priorities are to provide ongoing collaborative leadership in an integrated Medicaid mental health care system for Montana youth and families and to promote adaptive system changes that benefit stakeholders, youth, and families. Services range from outpatient therapy and medication management to acute inpatient hospitalization and residential treatment. The CMHB currently manages a federal grant to improve youth behavioral health services in the state of Montana.

The CMHB's central office in Helena provides administrative support similar to that provided by the DDP central office with the added responsibility of statewide utilization review. Three regional offices located in Missoula, Great Falls, and Billings provide support to children and families through Regional Support Specialists who enroll youth into home and community services, facilitate difficult transitions, and liaise with local providers. All staff promotes youth and family stabilization and reunification efforts using family driven and community based values and practices.

Montana Developmental Center (MDC)

The Montana Developmental Center exists to provide an environment for building healthy, effective, and fulfilling lives for people with serious developmental disabilities who have been determined by a court to pose an imminent risk of serious harm to themselves or other people. MDC's program prepares clients for discharge to appropriate community services and is a critical component in the continuum of care for persons with developmental disabilities. MDC served 66 individuals from across Montana in SFY 2014.

MDC is funded for 56 licensed beds: 44 beds in the state-licensed and federally-certified Intermediate Care Facility for Individuals with an Intellectual Disability (ICF-IID) and 12 beds in the secure state-licensed Intermediate Care Facility for Individuals with Developmental Disabilities (ICF-DD).

MDC's current clientele presents an increasingly complex set of developmental, behavioral, and psychiatric disorders as the following snapshot of MDC's census in November 2014 illustrates:

- 49% of the individuals served have a co-occurring severe and disabling mental illness (SDMI).
- 90% of the individuals committed to MDC have a co-occurring mental health diagnosis.
- 13% have been convicted of crimes, sentenced to DPHHS under a forensic commitment and placed at MDC to serve sentences.
- 85% of these forensic commitments have been convicted as sex offenders.
- 88% of MDC residents are male.
- 64% of MDC residents are under the age of 35.
- Behavioral profile:
 - 74% present with aggression
 - 44% present with problematic sexual behavior
 - 38% present with self-harm

Since 2011 MDC has been engaged in a comprehensive effort aimed at transforming the facility into a center of excellence providing intensive, short-term treatment based on evidence-based strategies. Significant progress has been made as evidenced by survey results from MDC's licensing and certification entities as well as from the Board of Visitors.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2015 BIENNIUM

Developmental Disabilities Program (DDP) Highlights

Children's Autism Services: The Developmental Disabilities Program continues to provide services to children and families through the Children's Autism Waiver (CAW). There are currently 55 youth enrolled in the waiver, the maximum number that the waiver is approved to serve. Services provided through the waiver include intensive in-home habilitation training by a children's autism trainer, respite, waiver-funded children's case management, adaptive equipment/environmental modification, occupational therapy, physical therapy, speech therapy, transportation, individual goods and services, and program design and monitoring for children.

Preliminary results from the recently gathered outcome data for the CAW indicate improvements in communication, daily living and social skills, and adaptive behavior with the most notable outcome being the 46% of CAW participants who no longer meet the diagnostic requirement for autism spectrum disorder.

Since inception, the CAW has had a waiting list with one parent comparing obtaining a CAW slot to winning the lottery. When one considers the lifestyle changes that often accompany outcomes such as the ones presented above, this is indeed an apt comparison.

The number of children diagnosed with Autism Spectrum Disorders (ASD) continues to grow. ASD is the fastest growing developmental disability in the country and outcomes for those diagnosed with ASD include very low rates of independent living, community access, and employment rates. We were thrilled to learn that Governor Bullock's proposed budget includes nearly \$12.3 million in total funds to finance State Plan Medicaid autism services for eligible youth through age 20. Additional funding for autism services will ensure that children diagnosed with an Autism Spectrum Disorder will

receive the early intervention services that will ultimately result in decreased lifetime treatment costs and significantly enhanced lives.

The DDP intends to work collaboratively with an advisory group comprised of advocates, family members, and service providers to determine how to best provide these expanded services. In addition to capitalizing on lessons learned from the success of the Children's Autism Waiver we hope to incorporate the work done by other states who have already taken this expansion step.

Waiver Updates: Beginning March 21, 2014, the DDP began screening individuals into the 0208 Home and Community Based Services (HCBS) Comprehensive Waiver based on the amount of time the individual has been waiting for services. Since March, the DDP has offered approximately 150 individuals service opportunities through the Comprehensive waiver. The average age of individuals in this screening was 28, with the youngest being 7 and the oldest being 85. 32 children under the age of 18 were offered service opportunities in the waiver. DDP has also screened in approximately 16 individuals to the Comprehensive Waiver who were in need of services due to emergency circumstances. The Comprehensive waiver serves approximately 2,647 individuals.

Beginning January 21, 2014 the DDP also implemented a new HCBS waiver, the Supports for Community Working and Living Waiver. This waiver prioritizes serving youth transitioning out of high school who have an interest in working in a community setting. This waiver currently serves 30 individuals. The youngest individual served in this waiver is 17, with the oldest being 52. The average age is 26.

Highlights of Part C Early Intervention Supports and Services: Part C's Infant and Toddler Early Intervention Program provides help during the first years of a child's life. Services are provided in natural environments to help parents support and promote a child's development within their own community. Examples of early intervention services include assessment and evaluation, occupational and physical therapy, service coordination, and psychological services.

In SFY 2014, Part C served 1,491 children and their families. To increase the number of infants and toddlers and their families served by Part C Early Intervention, regional providers are working closely with Child Protective Services, Maternal and Infant Child Home Visiting programs, Head Start, Early Head Start, Children's Mental Health, City and County Health Departments, pediatricians, and local childcare providers to develop a cross-referral system within their service delivery regions.

In addition to increasing utilization levels, the Part C Coordinator is currently developing a six year statewide systemic improvement plan that emphasizes measurable results and evidence-based practices.

Strengthening the relationship with DDP contractors and stakeholders: In an effort to increase the DDP's collaboration with stakeholders, the Developmental Disabilities Program held its first round of stakeholder listening sessions in early Fall 2014. The stakeholder sessions were well attended and the DDP utilized feedback obtained from attendees in making decisions related to reimbursement and provider staff training requirements.

The DDP is also actively responding to requests that stakeholders be more involved in the rule making process of the program. While the State has a very specific Administrative Rules process, prior to beginning the formal process, the DDP will have provider and stakeholder meetings to engage and solicit feedback as the rules are being drafted. Recently this new practice was utilized successfully in

drafting the rules for the Supports for Community Working and Living Waiver and to amend the rules governing Family Education and Support Services.

Children's Mental Health Bureau (CMHB) Highlights

Out-of-State PRTF Reduction Plan: In the 2013 Legislature, funding for utilization review of children's Medicaid mental health services was dramatically reduced. This and other factors have resulted in significant growth in reimbursement to Psychiatric Residential Treatment Facilities (PRTFs). There was also a concomitant increase in the number of youth placed in out-of-state facilities. In May 2014, there were 181 youth in PRTF placement; of those 55 youth were out-of-state. Since May, the number has decreased somewhat. The total number of youth in PRTF placements is still small as a percentage of total caseload; in state fiscal year 2014 CMHB providers served about 16,700 youth. However, it is preferable to have youth remain in or return to their homes and communities. To that end, the CMHB has put in place a plan to decrease the number of youth in out-of-state placement and increase the number of youth in community settings.

Crisis Diversion: In 2013, the CMHB received funds from the Montana Mental Health Settlement Trust to make grants available to communities seeking to divert youth from crisis placement. Four two-year grants, ranging from \$188,000 to \$278,000, were released in spring/summer of 2013. The CMHB was able to temporarily fund two additional grant sites with money from a federal grant, which ended in September of 2014. The purpose of the grants is to develop youth crisis diversion models that will help stabilize and divert youth from higher levels of care. The grants are intended to encourage community collaboration, learning through practice, and to develop models that work well for Montana, keeping youth in their homes and communities while saving money.

Co-occurring grant: Beginning October 1, 2012, the CMHB received a three-year, approximately \$3 million federal grant from the Substance Abuse and Mental Health Services Administration to develop capacity to deliver behavioral health services in a home or community setting to youth with both mental health and substance use disorders. Montana was one of thirteen states awarded and the only Mental Health Bureau recipient. Grant activities completed to date include a baseline financial map of state-managed expenditures for adolescents receiving either mental health or chemical dependency services, a state-wide multi-year workforce training implementation plan that includes trainings that to date almost 1000 professionals have participated in, and the implementation of two evidence-based treatment models and one evidence-based assessment at two pilot treatment sites in Helena and Missoula. Efforts to study the effectiveness and sustainability of these services have begun at the interagency planning committee level, which includes representation from the Chemical Dependency and Children's Mental Health Bureau, as well as juvenile justice and Child Protective Services.

Suicide prevention grant: Montana consistently ranks in the top five states for suicide rates in the nation. A population that is at particularly high risk is the American Indian population. In an effort to address this issue, Governor Bullock has budgeted \$500,000 to be distributed through grants to Tribes and Urban Indian Health Centers.

\$350,000 of the \$500,000 (\$175,000 per year) would be granted to Tribes for youth suicide prevention. Tribes interested in receiving a share of the money would be responsible for submitting a plan, an annual budget, and, if approved, reports every six months. \$150,000 (\$75,000) per year would be granted in equal shares to the five Urban Indian Health Centers and would be targeted specifically for youth mental health treatment and/or suicide prevention.

The Child and Adolescent Needs and Strengths Assessment (CANS): Over 25 states are now using the CANS assessment to guide treatment planning for youth with serious emotional disturbance. In 2013, Montana joined this group. Many states have been forced to implement the CANS, which is a family- and youth-centered tool, because of lawsuits brought against the State, but Montana has chosen to implement the assessment proactively. The CMHB is collaborating with Child Protective Services, who is also implementing the CANS. The CMHB used federal funds to develop and launch an electronic CANS database, which will help providers to share information, and limit the number of times families have to share their trauma histories.

Increased Stakeholder Involvement: The CMHB heard from providers and other stakeholders that the rule-making process was happening too quickly and without involvement from those outside DPHHS. In the past 14 months, the CMHB promulgated very few rules and held meetings for two major stakeholder workgroups which were tasked with rule changes to Medicaid mental health services. We have had several all-provider meetings to share data. We have held many meetings with providers and advocacy groups to foster collaboration and a shared vision for the children's mental health system.

MONTANA DEVELOPMENTAL CENTER (MDC) HIGHLIGHTS

Efforts to operate within appropriated budget:

The 2013 legislative session resulted in MDC's budget being reduced by 10% or \$3.3 million. At the time this happened, MDC was three years into a comprehensive transformation process designed to better meet both the needs of its current population and to incorporate best practices of institutional care. During the three years of work, significant improvements were made, as evidenced by both state and federal licensing surveys.

Following the 2013 legislative session, focus shifted from innovative programming designed to move MDC toward its long term goal of becoming a treatment center of excellence to efforts aimed at operating safely within the reduced budget while continuing to serve the same number of clients.

The following measures have been implemented to reduce the MDC budget:

- One residential unit closed to decrease staffing requirements.
- Staffing reduced to minimal requirements.
- Training and travel reduced to minimal requirements.
- Vocational program decreased.

While these efforts significantly reduced MDC's expenses, they have also reduced the quality of life for MDC's residents. Closure of a residential unit has required more residents to share rooms, which is never ideal when serving a population that is simultaneously vulnerable and aggressive. Decreased staffing has led to fewer client community outings to events such as Special Olympics. Integrating clients in to the larger community is not only critical to preparing individuals for successful community placement upon discharge from MDC, but is a critical component of an effective therapeutic program.

Additionally, decreased staffing is negatively impacting successful transitions out of MDC. With sufficient staffing levels, the facility has been able to have staff accompany clients for a brief transition

period when being discharged to a community placement. This has been of enormous comfort to our transitioning clients, many of who have resided at MDC for years and for whom moving to the community represents an exciting yet challenging adjustment.

In addition to MDC staff being available to assist in transitions, community providers have also requested that MDC staff occasionally be available in person to help their direct care staff problem solve difficult behaviors as they occur. MDC staff knows these clients very well and having the ability to send staff that are familiar with an individual client's triggers, stressors, and calming techniques has been invaluable.

Minimal staffing patterns limit if not eliminate the ability to offer this support to both community providers and our clients. Without this level of commitment and support in ensuring a successful placement from MDC, providers are less willing to serve a client with a history of challenging behavior. For clients the ability to have a trusted staff accompany them during a move or assist them during a time of need may mean the difference between success in the community or a return to MDC.

Increased efforts to transition clients on port list to community: In an effort to identify barriers to placing clients who are on the MDC waitlist in community provider settings, MDC and DSD administration met with providers. Some of the barriers identified included the inability to adequately staff facilities, insufficient and inflexible reimbursement rates, lack of appropriately trained staff, lack of community psychiatric support, and lack of community service start-up funds. While addressing barriers such as insufficient and inflexible reimbursement rates will take extensive time and effort to address, DSD has been able to utilize Title XX dollars to address staff training and provider start-up costs. Beginning in April, 2014 \$20,000-\$30,000 transition stipends were made available to providers who were transitioning clients out of MDC. The amount of the stipend was determined by the amount of each client's cost plan and, while subject to Title XX funding limitations, could be used to support individuals transitioning from MDC to the community.

Additionally, in response to concerns about inadequately trained staff, DDP has made available \$65,000 in training stipends. Latitude was given to providers in determining the nature of the training their staff was most in need of with the one requirement being that it qualify as an evidence-based practice.

Collaborative Consultation:

In order to address concerns at the Montana Developmental Center from a systemic perspective that looks at the entire continuum of services available to individuals with developmental disabilities, Governor Bullock has directed the Department to consult with David Ferleger, a national expert in effectively serving individuals with developmental disabilities.

In addition to extensive knowledge in the field of developmental disabilities, Mr. Ferleger is an experienced federal court-appointed Special Master and Court Monitor. He brings to the table 32 years of professional legal experience with, including among others, discrimination, the Americans With Disabilities Act, constitutional law, and civil rights.

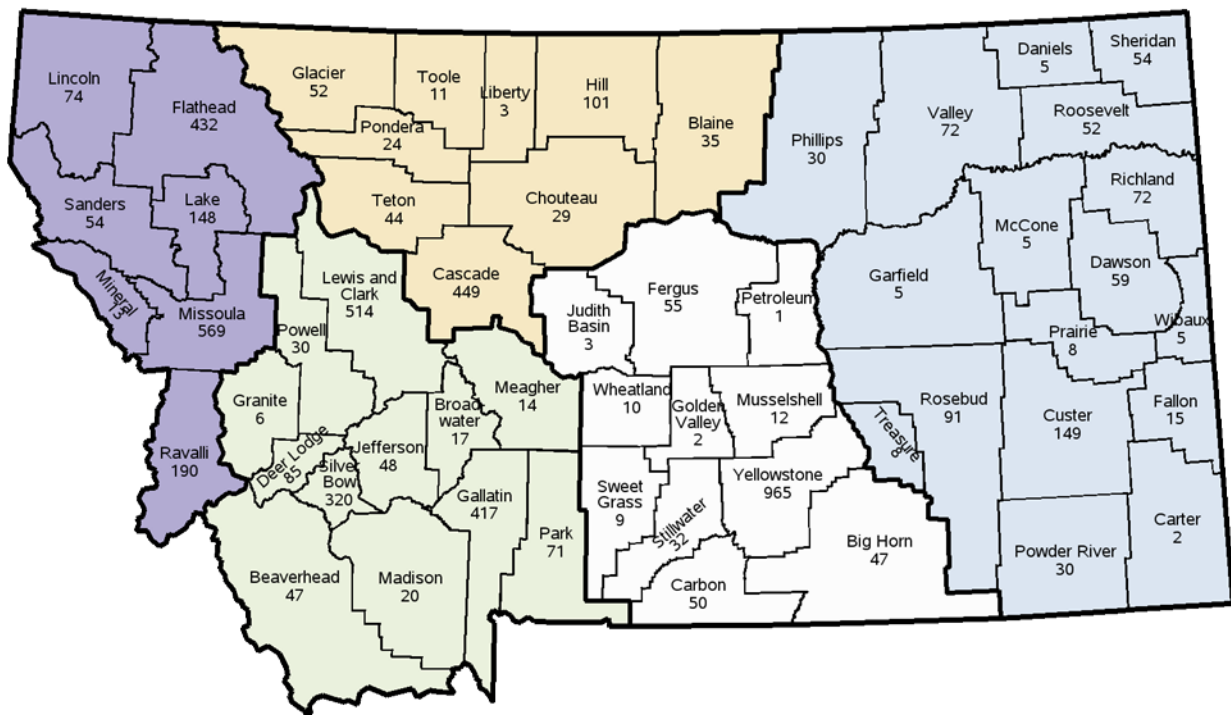
The Department looks forward to working collaboratively with Mr. Ferleger and a variety of stakeholders in identifying how to most effectively serve this challenging population.

Implementation of the Treatment Mall: After six months of planning, program preparation, and schedule and class development, MDC launched a new, comprehensive model of treatment called the

Treatment Mall, which originated in psychiatric inpatient treatment settings. Clients participate in dozens of core classes, elective classes, and groups according to their treatment needs. Clients go through the treatment day starting with an 8:30 community meeting followed by 55 minute classes from 9 a.m. to 3 p.m. As one client said: "The Treatment Mall is the best thing that ever happened to MDC!" In addition to providing client enrichment, the treatment mall serves the purpose of preparing clients for the type of schedule they will be expected to maintain in the community.

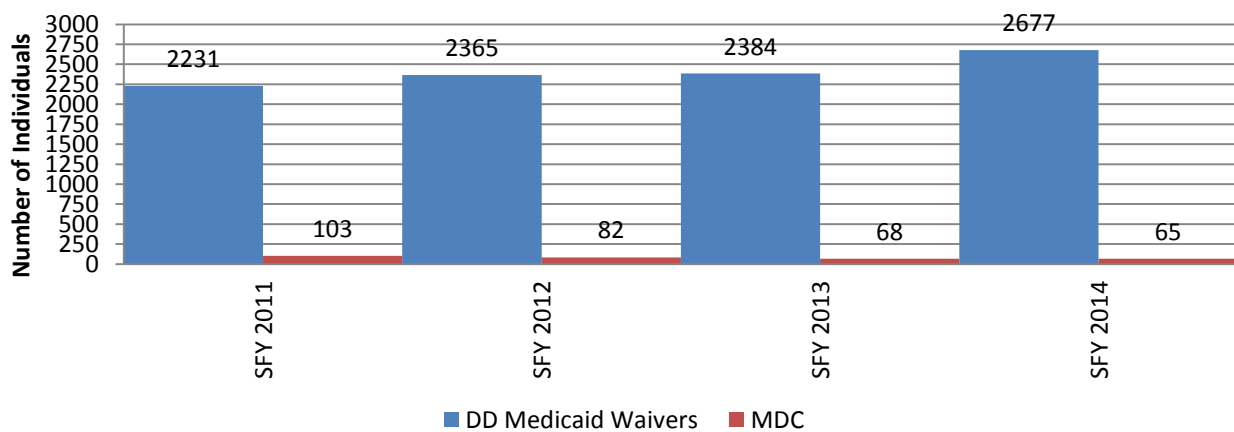
DPHHS Developmental Disabilities Program

FY2014 Number of People Served

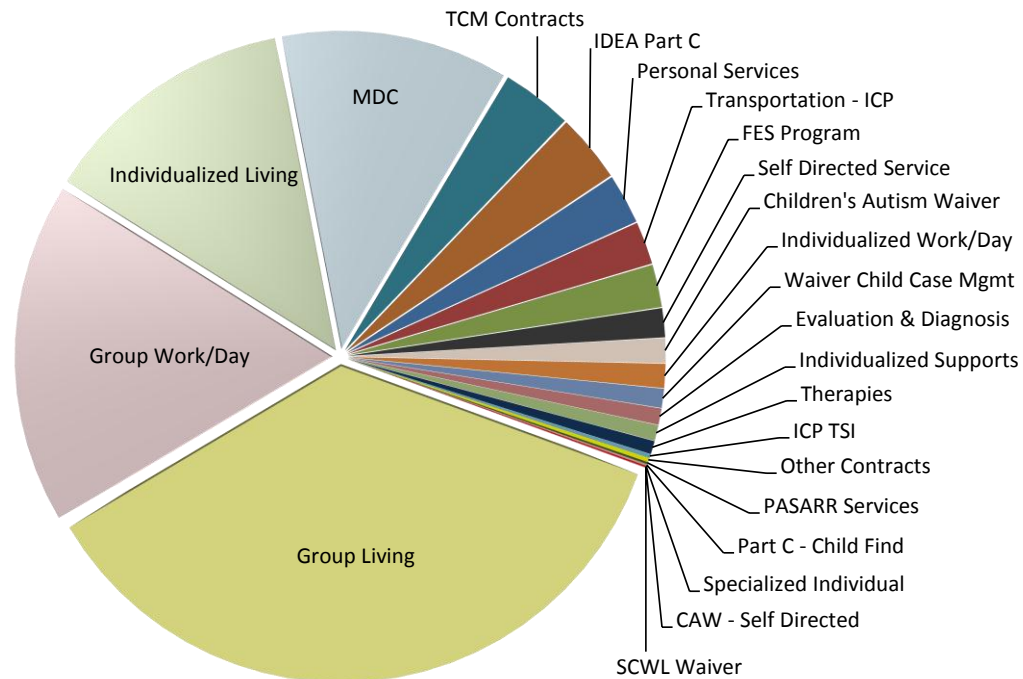


Region 1 2 3 4 5

DD Medicaid Waivers and MDC Recipients



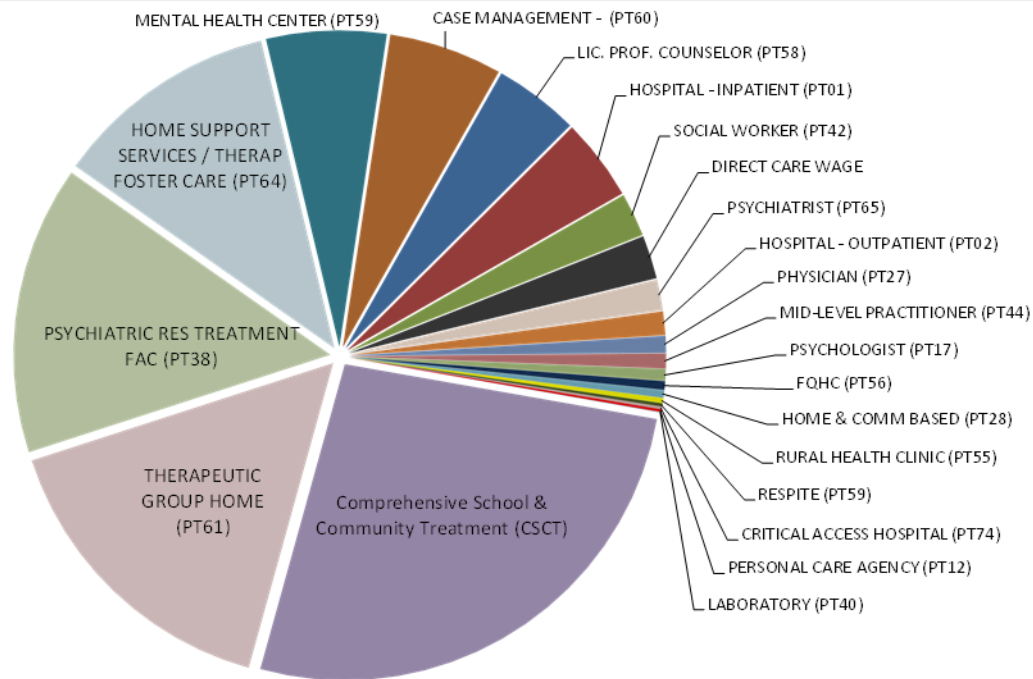
Developmental Disabilities Program
SFY 2014 Benefit Expenditures by Service Category



Benefit Expenditure	Expenditures	Percent of Expenditures
* Group Living	\$ 45,665,298	35.9%
* Group Work/Day	22,103,243	17.4%
* Individualized Living	16,620,867	13.1%
* MDC	14,756,116	11.6%
* TCM Contracts	4,587,872	3.6%
* IDEA Part C	4,448,757	3.5%
* Personal Services	3,253,593	2.6%
* Transportation - ICP	2,771,006	2.2%
* FES Program	2,766,894	2.2%
* Self Directed Service	1,883,879	1.5%
* Children's Autism Waiver	1,596,083	1.3%
* Individualized Work/Day	1,561,964	1.2%
* Waiver Children's Case Management	1,233,764	1.0%
* Evaluation & Diagnosis Service	1,061,491	0.8%
* Individualized Supports	1,015,554	0.8%
* Therapies	858,481	0.7%
* ICP TSI	257,159	0.2%
* Other Contracts	253,156	0.2%
* PASARR Services	145,642	0.1%
* Part C - Child Find	111,320	0.1%
* Specialized Individual Service	92,357	0.1%
* CAW - Self Directed	26,209	0.0%
* SCWL Waiver	20,546	0.0%
Total DDP Benefit Expenditures	\$ 127,151,251	100%

MEDICAID MENTAL HEALTH YOUTH

SFY 2014 To-Date Expenditures by Provider Type based on Dates of Service



Service Expenditure	# Served	Expenditures	
* Comprehensive School & Community Treatment (CSCT)	4,913	\$ 32,547,143	26.5%
* THERAPEUTIC GROUP HOME (PT61)	651	\$ 19,283,729	15.7%
* PSYCHIATRIC RES TREATMENT FAC (PT38)	548	18,110,870	14.8%
* HOME SUPPORT SERVICES / THERAP FOSTER CARE (PT64)	1,875	14,117,808	11.5%
* MENTAL HEALTH CENTER (PT59)	2,452	7,512,912	6.1%
* CASE MANAGEMENT - MENTAL HEALTH (PT60)	3,945	7,103,427	5.8%
* LICENSED PROFESSIONAL COUNSELOR (PT58)	6,197	5,345,057	4.4%
* HOSPITAL - INPATIENT (PT01)	738	5,143,869	4.2%
* SOCIAL WORKER (PT42)	3,561	2,735,103	2.2%
* DIRECT CARE WAGE (CMHB) - Not a Service Type		2,726,456	2.2%
* PSYCHIATRIST (PT65)	2,944	1,956,647	1.6%
* HOSPITAL - OUTPATIENT (PT02)	2,779	1,483,239	1.2%
* PHYSICIAN (PT27)	4,896	1,059,499	0.9%
* MID-LEVEL PRACTITIONER (PT44)	2,446	943,487	0.8%
* PSYCHOLOGIST (PT17)	1,290	735,794	0.6%
* FEDERALLY QUAL HEALTH CENTER (PT56)	856	537,515	0.4%
* HOME & COMM BASED SERVICES (PT28)	53	484,795	0.4%
* RURAL HEALTH CLINIC (PT55)	818	320,675	0.3%
* RESPIRE (PT59)	338	200,907	0.2%
* CRITICAL ACCESS HOSPITAL (PT74)	478	172,129	0.1%
* PERSONAL CARE AGENCY (PT12)	29	148,755	0.1%
* LABORATORY (PT40)	249	47,572	0.0%
* INDEP DIAG TESTING FACILITY (PT72)	1	369	0.0%
Total Children's Medicaid Mental Health and CSCT	16,713	\$ 122,717,757	100%

‡ Expenditures through November 10, 2014 based on Date of Service. Providers have 365 days to bill.
Includes CHIP funded HMK+ Medicaid Expansion.

Children's Mental Health Bureau Medicaid Services
Children's Mental Health Expenditure Summary by Source SFY 2014

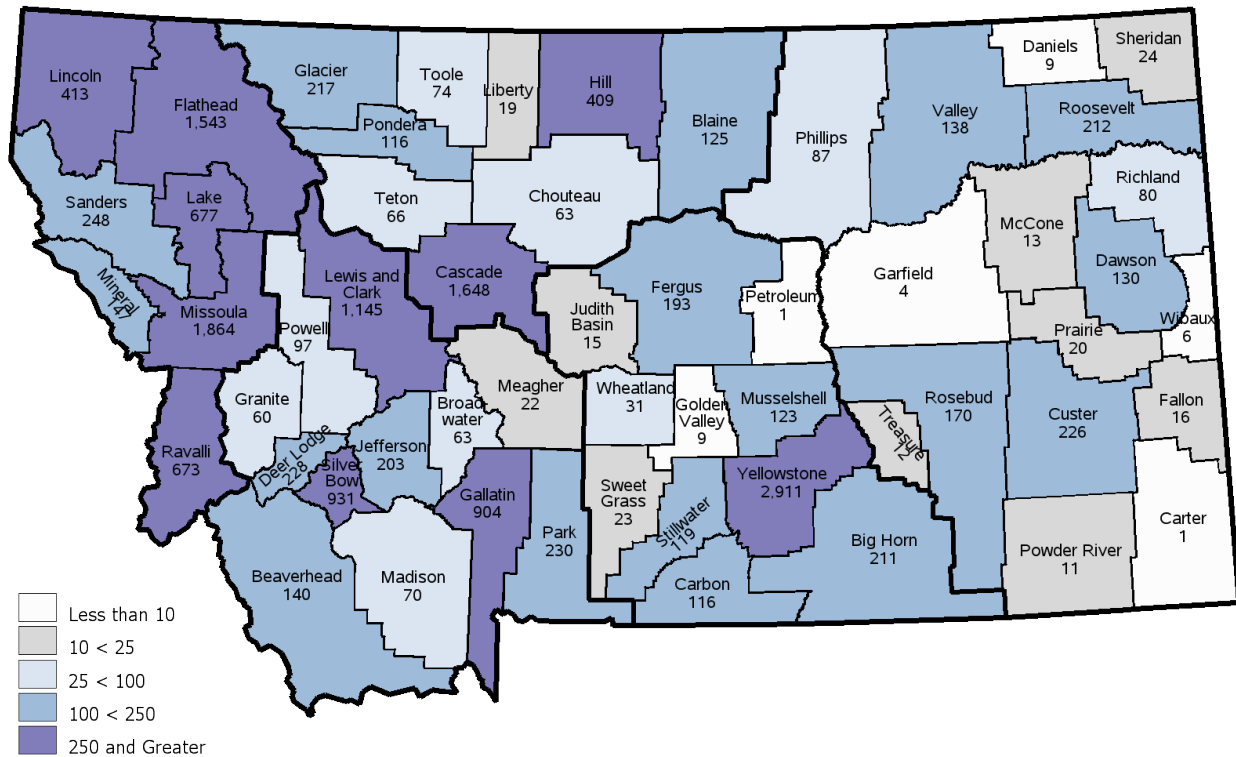
	SFY2014 <u>Clients</u>	SFY2014 <u>Expenditures</u>	Average <u>Per Client</u>
<u>Children's Mental Health (CMH)</u>			
CMH Medicaid Services	13,366	\$ 82,389,184	\$6,164
CMH Medicaid Comprehensive School & Community Treatment (CSCT)	4,489	\$ 29,083,625	\$6,479
- Subtotal CMH Medicaid Client Services	15,269	\$ 111,472,809	\$7,301
<u>Children's Mental Health Healthy MT Kids Plus (HMK+) Expansion**</u>			
HMK+ Expansion (CHIP funded through HRD)	2,149	\$ 7,781,430	\$3,621
HMK+ Expansion CSCT (funded through HRD)	730	\$ 3,463,518	\$4,745
- Subtotal HMK+ Expansion Client Mental Health Services	2,428	\$ 11,244,948	\$4,631
Mental Health Unique Clients Served / Total Expenditures	16,713	\$ 122,717,757	\$7,343

*SFY 2014 Figures as of 11/10/2014. Based on Date of Service. Since providers have 365 days to bill, expenditures are only partially complete for SFY2014. Typically by this date, CMH expenditures are approximately 99% complete for the year.

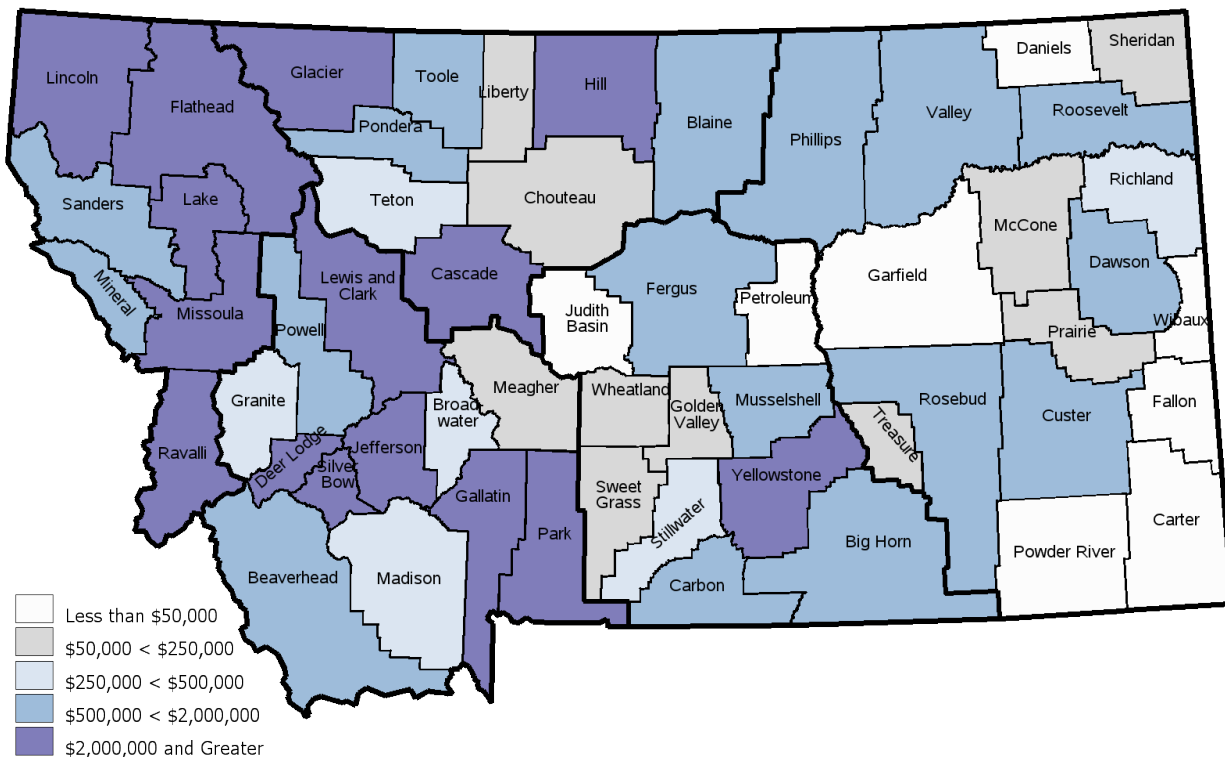
**All Healthy MT Kids Plus (HMK+) Medicaid Expansion expenditures are matched with CHIP funding and the CHIP match rate. All HMK+ Medicaid expansion (CHIP funded) expenditures are paid through the Health Resources Division (HRD) and are not budgeted through the Children's Mental Health Bureau. The expenditures are shown in this section because they are mental health services managed within the Children's Mental Health Bureau. This provides the most complete picture of children's mental health services provided by DPHHS.

*** Comprehensive School & Community Treatment (CSCT) is matched with School funds. The CSCT amounts shown represent the Federal match portion only. The SFY2014 FMAP percentage is approximately 66% / 34%: the school match amount that is not shown totals \$16.6 million.

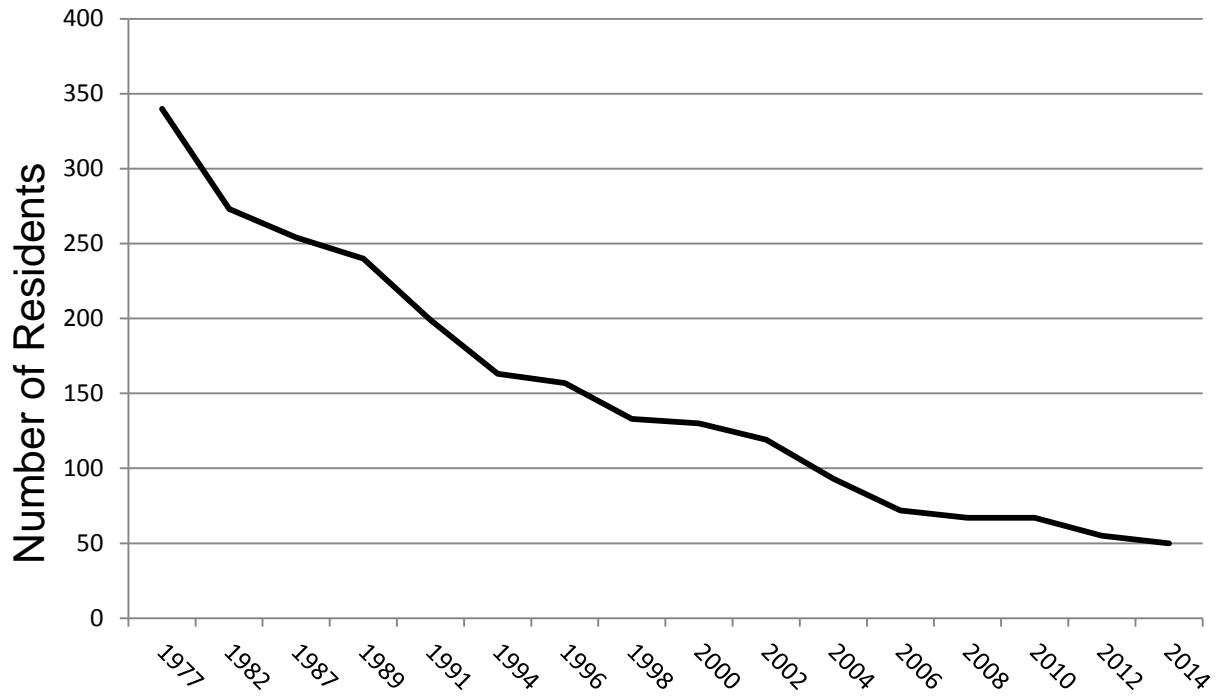
DPHHS Children's Mental Health Services FY2014 Number of Youth Served



DPHHS Children's Mental Health Services FY2014 Expenditures by County



State ICF/IID and ICF/DD Residents



**Note: Eastmont closure was on 12/31/2004*

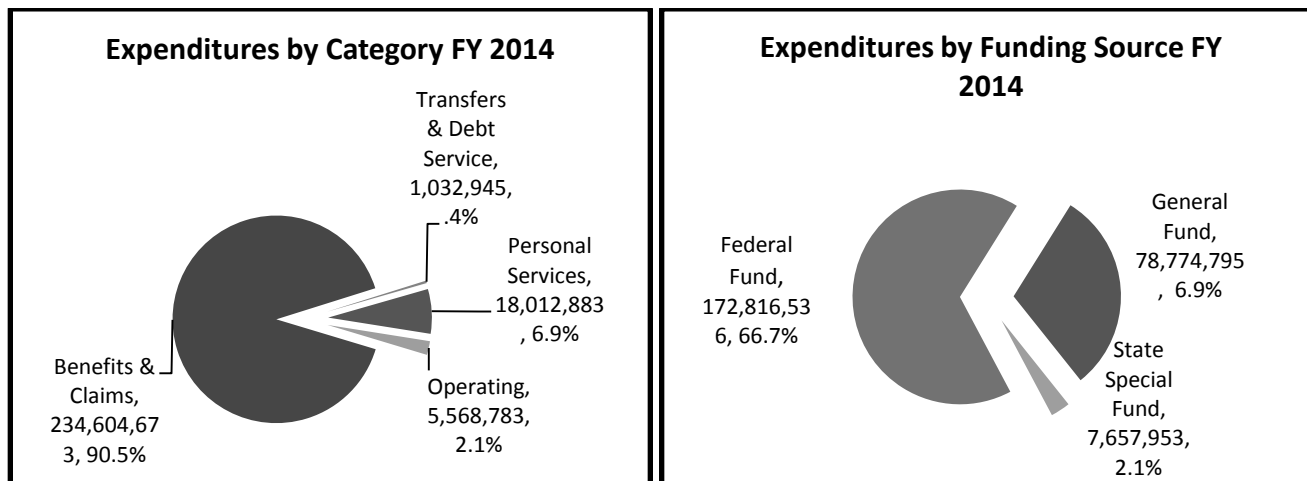
2017 BIENNIUM GOALS AND OBJECTIVES

Department of Public Health and Human Services Developmental Services Division	
Goals and Objectives for the 2017 Biennium Submitted October 2014	
Goal: To continuously improve services that help Montanans with intellectual and developmental disabilities and children with behavioral health needs to live, work, and fully participate in their communities.	
Objective	Measures
Continually work to maintain an effective system of community based services for persons with disabilities and children with serious emotional disturbance.	DSD Medicaid offers a complete continuum of care for individuals with intellectual and developmental disabilities and children with serious emotional disturbance.
Objective	Measures
Improve, strengthen and protect the well-being and self-reliance of individuals served at the Montana Developmental Center in an environment of respect and dignity.	The infrastructures of MDC and community based providers are continuously improved.
Objective	Measures
Increase the administrative efficiency of the division.	Staff has clearly defined duties and partnerships are well-established and collaborative.

FUNDING AND FTE INFORMATION

	2014 Actual Expenditures	FY 2016 Request	FY 2017 Request
DEVELOPMENTAL SERVICES DIVISION			
FTE	353.67	349.67	349.67
Personal Services	18,012,883	20,806,672	20,754,474
Operating	5,568,783	5,616,175	5,618,811
Grants	0	250,000	250,000
Benefits & Claims	234,604,673	274,437,801	293,990,271
Transfers	995,013	995,013	995,013
Debt Service	37,932	37,932	37,932
	259,219,284	302,143,593	321,646,501
General Fund	78,774,795	94,444,047	99,946,616
State Special Fund	7,627,953	7,627,953	7,627,953
Federal Fund	172,816,536	200,071,593	214,071,932
	259,219,284	302,143,593	321,646,501

**THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION
FOR FY 2014 FOR THE DEVELOPMENTAL SERVICES DIVISION**



DECISION PACKAGES (SEE LFD BUDGET ANALYSIS, Pages B-70 to B-79)

PL 10444 – Statewide 4% FTE Reduction – Program 10

Mandated reduction in FTE and funding in accordance with legislative intent language included in HB-2, passed by the 2015 Legislature. LFD Budget Analysis page **B-75**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -106,443	\$ -	\$ -147,099	\$ -253,542
FY 2017	\$ -106,134	\$ -	\$ -146,675	\$ -252,809
Biennium Total	\$ -212,577	\$ -	\$ -293,774	\$ -506,351

PL 1010010 - Med Ben FMAP Adjustment DDP

- This present law adjustment is necessary to maintain existing services for the Developmental Disabilities program in the Developmental Services Division. The request adjusts the base year expenses from the SFY 2014 FMAP (federal medical assistance participation) rate of 33.73% state funds and 66.27% federal funds to the SFY 2016 rate of 34.65% state funds and 65.35% federal funds, and the SFY 2017 rate of 35.01% state funds and 64.99% federal funds. The total cost for the program does not change. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,123,082	\$ -	\$ -1,123,082	\$ 0
FY 2017	\$ 1,482,404	\$ -	\$ -1,482,404	\$ 0
Biennium Total	\$ 2,605,486	\$ -	\$ -2,605,486	\$ 0

PL 1010011 - Med Ben FMAP Adjustment CMH

- This present law adjustment is necessary to maintain existing services for the Children's Mental Health program in the Developmental Services Division. The request adjusts the base year expenses from the SFY 2014 FMAP (federal medical assistance participation) rate of 33.73% state funds and 66.27% federal funds to the SFY 2016 rate of 34.65% state funds and 65.35% federal funds, and the SFY 2017 rate of 35.01% state funds and 64.99% federal funds. The total cost for the program does not change. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 782,656	\$ -	\$ -782,656	\$ 0
FY 2017	\$ 1,082,777	\$ -	\$ -1,082,777	\$ 0
Biennium Total	\$ 1,865,433	\$ -	\$ -1,865,433	\$ 0

PL 1010012 – Med Ben Core CLoad CMH

- This present law adjustment is necessary to fund the caseload growth for the Children’s Mental Health Program. The rate of growth expected for this program is estimated at 7.13 from FY15 to FY16 and 6.22% from FY16 to FY17, with historical growth of 11.99% from FY13 to FY14 and an estimated increase of 8.36% from FY14 to FY15. Funding is 34.68% from the General Fund and 65.32% Federal Medicaid for FY15 and 35.01% from the General Fund and 64.99% Federal Medicaid for FY16. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 4,261,260	\$ -	\$ 8,036,748	\$ 12,298,008
FY 2017	\$ 6,409,200	\$ -	\$ 11,757,466	\$ 18,166,666
Biennium Total	\$ 10,670,460	\$ -	\$ 19,794,214	\$ 30,464,674

PL 1010013 – Med Ben Core CLoad DDP

- This present law adjustment is necessary to fund the caseload growth for the Developmental Disabilities Program (Case Management). The rate of growth expected for this program is estimated at 8.52% per year, with historical growth of 8.52% from FY13 to FY14 and an estimated increase of 8.52% from FY14 to FY15. Funding is 34.65% from the General Fund and 65.35% Federal Medicaid for FY15 and 35.01% from the General Fund and 64.99% Federal Medicaid for FY16. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 114,373	\$ -	\$ 215,707	\$ 330,080
FY 2017	\$ 176,820	\$ -	\$ 328,236	\$ 505,056
Biennium Total	\$ 291,193	\$ -	\$ 543,943	\$ 835,136

PL 1010014 - Med Ben Waiver CLoad DDP

- This present law adjustment is necessary to fund the caseload growth for the Developmental Disabilities Program Waivers. This covers the increase in the number of eligible individuals in services, utilization, acuity level, and cost per service for medical care. Funding is 34.65% from the General Fund and 65.35% Federal Medicaid for FY15 and 35.01% from the General Fund and 64.99% Federal Medicaid for FY16. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 2,724,275	\$ -	\$ 5,137,990	\$ 7,862,265
FY 2017	\$ 2,572,579	\$ -	\$ 5,109,686	\$ 7,682,265
Biennium Total	\$ 5,296,854	\$ -	\$ 10,247,676	\$ 15,544,530

PL 1010016 – Med Ben Fed CLoad CMH

- This present law adjustment is necessary to fund the caseload growth for the CSCT Program. The rate of growth expected for this program is estimated at 12.9% from FY15 to FY16 and 12.9% from FY16 to FY17, with historical growth of 12.42% from FY13 to FY14 and an estimated increase of 14.8% from FY14 to FY15. Funding is 100% Federal Medicaid. LFD Budget Analysis page **B-76**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ -	\$ 8,713,082	\$ 8,713,082
FY 2017	\$ -	\$ -	\$ 13,633,145	\$ 13,633,145
Biennium Total	\$ -	\$ -	\$ 22,346,227	\$ 22,346,227

NP 1010017 – Med Ben Medicaid Autism Services

- This new proposal requests \$12,221,255 in total funds for the 2017 biennium including \$4,261,461 in general fund to finance State Plan Medicaid autism services for eligible youth through age 20. These services would replace most of the Autism Waiver services which are currently limited to services for 55 children. Autism services are shown to increase communication, coping, and daily living skills in children. Individuals who receive autism intervention services require less intensive and less costly services throughout their lives. LFD Budget Analysis page **B-79**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,655,570	\$ -	\$ 3,122,410	\$ 4,777,980
FY 2017	\$ 2,605,891	\$ -	\$ 4,837,384	\$ 7,443,275
Biennium Total	\$ 4,261,461	\$ -	\$ 7,959,794	\$ 12,221,255

NP 1010018 – MDC Community Placements

- This proposal requests \$1,665,669 total funds over the biennium, including \$581,121 in general fund to provide community placements for 7 individuals from MDC each year for a total of 14 placements in the 2017 Biennium. The average cost plan during FY2015 for individuals from MDC transitioning to community services was \$157,386. These individuals would be placed into the DDP 0208 Waiver and receive ongoing services.
- LFD Budget Analysis page **B-77 – B-78**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 195,415	\$ -	\$ 368,552	\$ 563,967
FY 2017	\$ 385,706	\$ -	\$ 715,996	\$ 1,101,702
Biennium Total	\$ 581,121	\$ -	\$ 1,084,548	\$ 1,665,669

NP 1010019 – PRI – Med Ben DD Waiver

- This new proposal requests a 2% provider rate increase in each year of the biennium for Developmental Disabilities waiver services in the Developmental Services Division. The change package requests \$7,011,395 in total funds with \$2,429,448 in general fund. LFD Budget Analysis page **B-77**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 804,453	\$ -	\$ 1,517,201	\$ 2,321,654
FY 2017	\$ 1,624,995	\$ -	\$ 3,064,746	\$ 4,689,741
Biennium Total	\$ 2,429,448	\$ -	\$ 4,581,947	\$ 7,011,395

NP 1010020 – PRI Med Ben DD TCM

- This new proposal requests a 2% provider rate increase in each year of the biennium for Developmental Disabilities Targeted Case Management in the Developmental Services Division. This change package requests \$255,377 in total funds with \$89,032 in general fund. LFD Budget Analysis page **B-77**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 29,301	\$ -	\$ 55,261	\$ 84,562
FY 2017	\$ 59,731	\$ -	\$ 111,084	\$ 170,815
Biennium Total	\$ 89,032	\$ -	\$ 166,345	\$ 255,377

NP 1010021 – PRI – DDP Non-Medicaid

- This new proposal requests a 2% provider rate increase in each year of the biennium for Developmental Disabilities program, non-Medicaid. This change package seeks \$466,552 in total funds with \$250,588 in state funds. LFD Budget Analysis page **B-79**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 71,120	\$ 11,856	\$ 71,511	\$ 154,487
FY 2017	\$ 143,633	\$ 23,949	\$ 144,453	\$ 312,065
Biennium Total	\$ 214,783	\$ 35,805	\$ 215,964	\$ 466,552

NP 1010022 – PRI Med Ben Children’s Mental Health

- This new proposal requests a 2% provider rate increase in each year of the biennium for Children's Mental Health in the Developmental Services Division. This change package seeks \$5,928,550 in total funds with \$2,067,229 in general fund. LFD Budget Analysis page **B-79**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 669,990	\$ -	\$ 1,263,604	\$ 1,933,594
FY 2015	\$ 1,397,239	\$ -	\$ 2,597,717	\$ 3,994,956
Biennium Total	\$ 2,067,229	\$ -	\$ 3,861,321	\$ 5,928,550

NP 1010023 – PRI CMH Federal Only

- This new proposal requests a 2% provider rate increase in each year of the biennium for Children's Mental Health School-based services. This change package seeks \$2,386,802 in federal funds. LFD Budget Analysis page **B-77**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$	\$ -	\$ 762,800	\$ 762,800
FY 2015	\$	\$ -	\$ 1,624,002	\$ 1,624,002
Biennium Total	\$	\$ -	\$ 2,386,802	\$ 2,386,802

NP 1010024 – PRI CMH Non-Medicaid

- This new proposal requests a 2% provider rate increase in each year of the biennium for Children's Mental Health Non-Medicaid. This change package seeks \$92,559 in general fund for the biennium. LFD Budget Analysis page **B-79**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 30,649	\$ -	\$	\$ 30,649
FY 2015	\$ 61,910	\$ -	\$	\$ 61,910
Biennium Total	\$ 92,559	\$ -	\$	\$ 92,559

NP 1010025 – Suicide Prevention Grants (OTO/RST/Bien)

- This change package requests \$500,000 in general fund over the biennium for suicide prevention activities for youth. LFD Budget Analysis page **B-151**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 250,000	\$ -	\$	\$ 250,000
FY 2015	\$ 250,000	\$ -	\$	\$ 250,000
Biennium Total	\$ 500,000	\$ -	\$	\$ 500,000

